PTO/SB/17 (10-08)

Approved for use through 06/30/2010. OMB 0651-0032

Under the Paperwork Redu	ction Act of 1995	no persons are req	uired to resp	U.S. Pater cond to a collection	nt and Trademark on of information	Office; U.S. DEI unless it displays	PARTMENT OF COMMERC a valid OMB control numb	
Fees pursuant to the Consolidated Appropriations etc. 2005 (H.R. 4618). FEE TRANSMITTAL For FY 2009 Applicant claims small entity status. See 37 CFR 1.27				Complete if Known				
				Application Nu	mber 10/58	0,274	Conf. No.: 5889	
				Filing Date Ju		7, 2006		
				First Named In	ventor Klaus	Klaus KRUCKENHAUSER		
				Examiner Nam	e S. PA	S. PAIK		
				Art Unit	3742	3742		
TOTAL AMOUNT OF PA	YMENT (\$)	65.00		Attorney Docke	et No. 1739-	0184PUS1		
METHOD OF PAYME	NT (check all	that apply)						
Check Credi	t Card	Money Order	None	Other	please identify):			
✓ Deposit Account				Dencelt A	coount Name: B	irch, Stewart, F	Kolasch & Birch, LLP	
For the above-ide			tor is herel					
✓ Charge fee	(s) indicated be	low		Char	no fante) indion	ted below ave	cept for the filing fee	
Charge any	additional fee	s) or underpayme	nts of feet	. = ·		•	ept for the ning fee	
under 37 C	FR 1 16 and 1	17		, La Cied	t any overpayn			
WARNING: Information on t nformation and authorization	nis form may be on on PTO-2038.	come public. Credi	t card infor	mation should n	ot be included o	on this form. Pr	ovide credit card	
FEE CALCULATION								
. BASIC FILING, SEA			FEES					
	FILING		SEARC		EXAMINAT			
Application Type	Fee (\$)	mail Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	nall Entity Fee (\$)	Fees Paid (\$)	
Utility	330	165	540	270	220	110		
Design	220	110	100	50	140	70		
Plant	220	110	330	165	170	70 85		
Reissue	330	165	540	270	650	32.5		
Provisional	220	110	0	0	0.00	0		
2. EXCESS CLAIM FI		110	Ü	U	v	•	Small Entity	
Fee Description						Fee (\$)	Fee (\$)	
Each claim over 20 (including Reissues)						52	26	
Each independent claim over 3 (including Reissues)						220	110	
Multiple dependent claims						390	195	
				ald (\$)			pendent Claims	
HP = highest number of to		xx	=0.	00		Fee (\$)	Fee Paid (\$)	
Indep. Claims	Extra Claim		Fee P	aid (\$)				
3 or HP =	0	_x	=0.0	00				
HP = highest number of inc		paid for, if greater th	an 3.					
. APPLICATION SIZE If the specification an	E FEE id drawings e	xceed 100 sheet	s of pape	r (excluding e	electronically	filed sequen	ce or computer	
							each additional 50	
sheets or fraction	thereof. See	35 U.S.C. 41(a)	(1)(G) an	d 37 CFR 1.1	6(s).			
Total Sheets - 100 =	Extra Shee	<u>ts Numbé</u> /50 =	r of each :	additional 50 c	or fraction then whole number)		\$) Fee Paid (\$) = 0.00	
OTHER FEE(S)			(round up to a l	miole number)	^		
Non-English Specia	fication, \$13	30 fee (no small	entity dis	scount)			Fees Pald (\$)	
Other (e.g., late fili				,			65.00	
BMITTED BY		$\overline{}$						
Inature	1-1	1/2	Re	gistration No.	13368	Telephone	e 703-205-8000	
		// _	(At	tomey/Agent)	15500			
me (Print/Type) Paul C.	Lewis an	_				Date Feb	ruary 7, 2011	

This collection of information is required by 77 CFR 1.136. This information is required to obtain or retain a benefit by the public which is to life (and by the life collection of information is required by 70 CFR 1.136. The information is required by 70 CFR 1.136. The collection is estimated to take 30 minutes to complete, including quithering, preparing, and ubuniting the properties of the collection o

(